
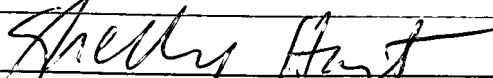


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/646,533	
	Filing Date	August 22, 2003	
	First Named Inventor	Kenneth COLLINS, et al.	
	Art Unit	2813	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	5	Attorney Docket Number	6915 P02

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert M. Wallace Reg. No. 29,119	
Signature		
Date	February 25, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Shelly Hart		
Signature		Date	02/25/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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62/25/05- [Signature]
Date Name

PATENT

Attorney Docket No.: 6915 P02
RW Ref. No.: APM/001-02-CP1-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Kenneth COLLINS, et al.) Group Art Unit: 2813
Entitled: PLASMA IMMERSION ION)
IMPLANTATION PROCESS USING A PLASMA) Examiner: Unknown
SOURCE HAVING LOW DISSOCIATION AND)
LOW MINIMUM PLASMA VOLTAGE)
Serial No.: 10/646,533)
Filing Date: August 22, 2003)

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(c)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 CFR 1.56, the references listed below and on the attached form PTO-1449 are being brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. A copy of each foreign patent document and/or non-patent literature is enclosed.

This information is being submitted subsequent to the later of three months after the filing date of the present application or the mailing of the first Office Action on the merits, but before the mailing of a final action or the notice of allowance.

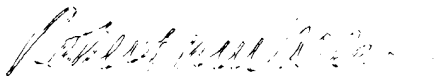
Accordingly, please see attached Fee Transmittal authorizing payment to the Commissioner to cover the fee under 37 CFR 1.17(p).

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01 FC:1005 100.00 DA

It is respectfully requested that the Examiner indicate consideration of the cited references by returning a copy of the attached form PTO-1449 with initials or other appropriate marks.

Respectfully submitted,



Dated: February 25, 2005

Robert M. Wallace
Reg. No. 29,119
Customer No. 000044843
Attorney for Applicants

Robert M. Wallace
Patent Attorney
2112 Eastman Avenue, Suite 102
Ventura, CA 93003
(805) 644-4035

Sheet 1 of 1

Application Number: 10/646,533
Filing Date: August 22, 2003
First Named Inventor: Kenneth Collins, et al.
Group Art Unit: 2813
Examiner Name: Unknown
Attorney Docket Number: 006915 P02

U. S. PATENT DOCUMENTS

[illegible]

Examiner's Signature: _____

Date Considered:


EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known		
FEE TRANSMITTAL		Application Number	10/646,533	
For FY 2005		Filing Date	08/22/2003	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Kenneth COLLINS, et al.	
		Examiner Name	Unknown	
		Art Unit	2813	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	6915 P02

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>50-0338</u> Deposit Account Name <u>Michaelson & Wallace</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims	
- 20 or HP = _____ x _____ = _____						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): Submission of an Information Disclosure Statement under 37 CFR 1.97(c)						\$180.00	

SUBMITTED BY		
Signature		Registration No. 29,119
Name (Print/Type)	Robert M. Wallace	Telephone 805-644-4035
		Date 02/25/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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